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CONFIRMATION NO. 1927

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/750,595 12/28/2000 PAT 6,790,228  
 which is a CIP of 09/470,559 12/23/1999 PAT 6,713,119  
 and is a CIP of 09/715,510 11/17/2000 PAT 6,749,626  
 which is a CIP of 09/540,241 03/31/2000 ABN

KG

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

KG name

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Acknowledged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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## TITLE

Coating for implantable devices and a method of forming the same

<p>FILING FEE  RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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